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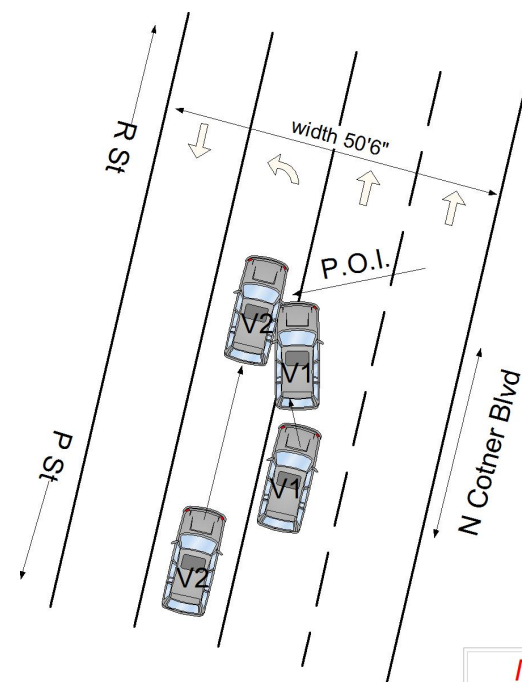
State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 047	Agency Case No. B5-084142	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/11/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		STATE USE ONLY  09/12/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1500	POLICE NOTIFIED 1506	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N Cotner Blvd		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
D	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY 312.70 X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING R St					
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F	DRIVER LICENSE NO.	H12515270		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER DESIDERIO RUIZ		PHONE 402-318-8020	LOCAL NO.		
V2/N	DRIVER ADDRESS 4241 N 61ST ST APT 208, LINCOLN, NE 68507		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/12/1940	
G	OWNER DESIDERIO RUIZ		PHONE 402-318-8020	LOCAL NO. 02-12-1940		
H	OWNER ADDRESS 4241 N 61st St #208, Lincoln, NE 68507		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB485148	
V1/O	LICENSE PLATE PA NO.	TGP462	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE
V2/O	VEHICLE	2002	MAKE Chevrolet	MODEL Trailblazer	BODY STYLE Compact Utility	COLOR blue
V3/O	VEHICLE ID NO. (VIN)	1GNDT13S122503448		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000		
V4/O	TOWED TO	TOWED BY		INSURANCE COMPANY American Family Insurance		
V5/O	POLICY NO.		2169531102			
VEHICLE NO. 2						
I	DRIVER LICENSE NO.	H13653253		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER JASMYNE L ORE		PHONE 402-419-6110	LOCAL NO.		
V2/P	DRIVER ADDRESS 1708 KNOX ST, LINCOLN, NE 68521		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/18/1997	
J	OWNER JOYCE E ORE		PHONE 402-432-9039	LOCAL NO. 02-02-1977		
V1/Q	OWNER ADDRESS 8530 Sunridge Rd, Lincoln, NE 68505		CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V2/Q	LICENSE PLATE PA NO.	TEF793	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE
V3/Q	VEHICLE	2010	MAKE KIA	MODEL Soul	BODY STYLE Compact Utility	COLOR silver / chrome
V4/Q	VEHICLE ID NO. (VIN)	KNDJT2A28A7118572		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000		
V5/Q	TOWED TO	TOWED BY		INSURANCE COMPANY Progressive		
V6/Q	POLICY NO.		901209699			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

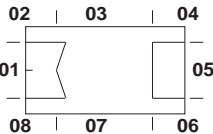
Indicate North by Arrow



APOI: 312' S Of S Curb Line of R St  
18'7" E of W curb of R St

*Not To Scale*

V1 was stopped in traffic, NB, in the inside thru lane of N Cotner Blvd, between P St and R St. V2 was NB in the inside turn lane of N Cotner Blvd, between P St and R St. As V2 was passing V1, V1 entered the inside turn lane. As V1 entered the lane the front driver side of V1 collided into the passenger side of V2. D1 said he looked out of his side mirror, but did not see V2. D1 said he then pulled into the lane causing V1 to collide with V2.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE <b>\$</b>																										
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE <b>\$</b>																										
WITNESSES	NAME								ADDRESS								PHONE																										
	NAME								ADDRESS								PHONE																										
VEHICLE MOVEMENT BEFORE COLLISION										POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)										AIRBAG DEPLOYED VEHICLE 1						RESTRAINT USE VEHICLE 1						TOTAL OCCUPANTS				VEH 1		1		VEH 2		3	
VEH NO.		N	S	E	W	ROAD OR HIGHWAY NAME														ALCOHOL TESTING		Driver No. 1		Driver No. 2		Pedestrian																	
1		X				N Cotner Blvd														-		-		-		-																	
2		X				N Cotner Blvd														4		2		1		1																	
1		08		06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown		POINT OF IMPACT		08		POINT OF IMPACT		03		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL LEVEL TESTED		Y		Y		Y																			
2		01				MOST DAMAGED AREA		08		MOST DAMAGED AREA		03						BAC LEVEL																									
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right						06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other 						VEHICLE 2						VEHICLE 2						ALCOHOL/ DRUGS SUSPECTED				Driver No. 1		Driver No. 2							
																		4						4						2						1						1	
OFFICER NO. 1733						TROOP/ TEAM/ BEAT 11						DEPARTMENT Lincoln Police Department										Photographs taken?						YES		NO													
INVESTIGATOR NAME (Print or Type) Andrew Barksdale										INVESTIGATOR SIGNATURE Approved by Ofc Andrew Barksdale										DATE OF REPORT 09/12/2015																							